

The more mobile, active and interested residents are, the less likely they are to be incontinent. Staff also need to recognise that toileting needs are very private and personal and to treat each person with sensitivity and dignity.

If the toilet is difficult to get to, a commode may help to prevent accidents. Beds and chairs need to be the correct height for the particular person for easy rising. Clothing needs to be easy to remove in a hurry and easy to replace. Relatives can assist by helping to choose clothing which will make toileting easier.

- *Managing Incontinence:* Sometimes people have an incontinence problem that does not respond to treatment. Even so, it should remain possible to manage their problem and maintain dignity. Continence products should contain the leakage effectively and keep the problem private. If a person has very severe incontinence of urine, a small tube (catheter) with a drainage bag may be suggested. If everything else has been tried and failed, this can be helpful and bring the situation under control. However, it should be seen as a last resort, not as a first option. Regular visits to the toilet can often help to prevent or manage incontinence.

If odour is a problem, special deodorants can be used. If appropriate products are used correctly, incontinence should not cause leakage onto chairs or carpets, which are difficult to clean and can eventually smell unpleasant.

Don't worry

Incontinence is not an inevitable part of growing older. Most elderly people, even many who are very old, are not incontinent. When incontinence does happen, it always has a cause. If the cause can be identified, it can often be treated, even cured. However, even when the cause of incontinence cannot be cured, good products and sensitive caring staff will maintain the person's dignity and ensure that incontinence does not have to make life miserable.

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For more information call their helpline on

0845 345 0165 or visit

www.continenence-foundation.org.uk

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Advice on Incontinence



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How common is Incontinence?

Incontinence is common everywhere, with over three million adults in Britain affected. It affects all age groups but does become more likely as you get older and is also associated with many diseases or illnesses, such as a stroke or dementia.

What Causes Incontinence?

There are many different causes of incontinence. In older people there is often more than one cause at the same time.

- *Difficulty getting to the toilet:* This may arise from difficulty in getting up from a chair or bed, slow or painful walking, unsteadiness or difficulty in seeing the way clearly, or actually remembering where the nearest lavatory is.
- *Difficulty in using the toilet:* It may be too low, or too high, or not have grab rails when needed. Clothes and zips may be a problem for people with arthritic fingers, for example.
- *Confusion:* This may mean a person no longer realises that a toilet should be used, or that he or she cannot remember how to get there.
- *Bladder Problems:* Usually a person with urinary incontinence has a problem with

the bladder itself. The *muscles* around the bladder outlet may be weak, leading to *stress incontinence*, which shows itself on effort such as coughing or walking. Or the bladder may be *overactive*, causing a need to pass urine often and *urgently* - if the toilet is not soon reached, leakage results. This can be made worse by diuretic medicine (water tablets), or by a urine infection. Sometimes the bladder does not empty properly and eventually *overflows*, often in a continuous dribble.

- *Bowel problems:* Most notable is constipation, which affects many older people. If the constipation is severe, the bowel can *overflow* and faecal incontinence results. This can often look like diarrhoea, but it is not. Severe constipation can also upset bladder control.

There are some practical suggestions that may help, improve, or avoid incontinence for some people.

What can be done about Incontinence?

Firstly, it should never be simply accepted as inevitable with old age or disability. Very often the cause can be treated and improved, sometimes cured.

- *Professional Assessment* of the individual's problem is the first step. This should usually be done by a Nurse

or Doctor. The patient's own General Practitioner or District Nurse, or in a care home, a Nurse staff member, will be likely to do this. Sometimes a specialist continence advisor is asked to visit. Some regions have a continence clinic in a health centre or hospital, which people can attend for assessment.

Assessment should tell the Doctor or Nurse why the person is incontinent, so a plan can then be made to help him or her become continent again.

- *Treatment:* There are many different treatments, depending upon the cause found. They include medicines, bladder or bowel training programmes, exercises, and in a few cases an operation. It may also be necessary to find ways to make getting to or using the toilet easier - for example, a walking aid, grab rails, a raised toilet seat, or clothes which are easier to get out of the way. Confused people often benefit from a behaviour training programme and from clear signposts and frequent (but private) reminders.
- *Prevention:* Prevention is always better than cure and incontinence can sometimes be prevented. A diet which is high in fibre and a reasonable intake of fluids (drinks) may help to prevent constipation. Too much caffeine (in coffee and tea) upsets some people's bladders and may be avoided by changing to decaffeinated drinks (especially in the evening).